DOCUMENT RESUME

ED 263 373 CE 042 878

AUTHOR Parker, Barbara
TITLE Psychological Aspects of Aging. Lesson Plan.
INSTITUTION Hawaii Univ., Manoa. Western Curriculum Coordination Center.
PUB DATE Oct 85
NOTE 79p.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Age Differences; *Aging (Individuals); *Aging Education; Andragogy; Audiovisual Aids; *Classroom Techniques; *Cognitive Processes; Continuing Education; Developmental Stages; Educational Resources; Geriatrics; Gerontology; Instructional Materials; Lesson Plans; Nursing Homes; Postsecondary Education; Residential Care; Teaching Methods; Transparencies; Workshops

ABSTRACT

This lesson plan is designed for a 50-minute class to teach adult caretakers of the aged about the psychological aspects of aging. The lesson is part of a course for caregivers in residential facilities and in home care. The lesson plan contains references, a list of equipment needed, objectives, information on how to set up the classroom, and the presentation. The presentation consists of an outline of instruction coordinated with methods of instruction, audiovisual aids, and the amount of time to be spent on each element. Transparency masters, student handouts, and a test are included. Topics covered in the lesson plan include the definitions of aging and psychological aging, six cognitive processes and age-related changes for each, and approaches to helping the elderly attain a maximum level of cognitive functioning. (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED263373

LESSON PLAN

LESSON PLAN NO.	NAME:	PAGE
2	KAPIOLANI COMMUNITY COLLEGE	PAGE 1 OF 48 PAGES

COURSE OF INSTRUCTION AND COURSE NUMBER:	TOTAL HOURS:	LESSON TITLE:
Adult Residential Care Home Training	120 hours	Psychological Aspects of Aging

DAY AND DATE OF INSTRUCTION:	HOURS	PLACE:
Thursday, October 31, 1985	6:30 - 7:20 pm	Kauila Bldg. Room 205 Kapiolani Community College

NO. OF STUDENTS:	REHEARSAL:	INSTRUCTOR AND ASSISTANTS:	STUDENT MATERIAL AND DRESS:
14	October 29, 30, 31, 1985	Barbara Parker - Instructor Patricia Metzger - Assistant Published by WESTERN CURRICULUM COORDINATION CENTER UNIVERSITY OF HAWAII	Paper and Pens Dress in Street Clothes

REFERENCES:

SEE ATTACHED

EQUIPMENT AND AUDIO-VISUAL AIDS:

1. Overhead projector
2. Transparencies
3. Pointer
4. Handout of Psychological Changes
5. Table for Overhead Projector
6. Box for transparencies
7. Glasses - 10
8. Short pencils
9. Blank paper

OBJECTIVES:

1. Define the terms "Aging" and Psychological Aging."
2. Identify six cognitive processes and at least one age related change for each process.
3. Identify four approaches to helping the elderly attain a maximum level of cognitive functioning.

SPECIAL REMARKS:

Set room up for 14 trainees. Put overhead projector on a large table and ensure that pointer is next to projector. Place box next to projector. Arrange chairs on each side of projector so that trainees have easy view of screen. Room is usually warm, so open up early. Turn on fans.

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
L Zane
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
PSYCHOLOGICAL ASPECTS OF AGING		
I. Introduction	5 min	Method of instruction:
"Everyone wants to live longer, but no-one wants to grow older." Anonymous		Lecture Life Experience Exercise
A. Objectives:		Use overhead projector and transparencies #1 and #2 for indroduction period.
1. Define the terms "Aging" and "Psychological Aging"		PUT UP TRANSPARENCY #1
2. Identify six cognitive processes and at least one age related change for each process.		
3. Identify four approaches to helping the elderly attain a maximum level of cognitive functioning.		
B. Reasons for Learning Lesson.		
1. Why is this subject important to you?		
a. The elderly population has increased sevenfold since the year 1900 from 4.1% of total population to 11.3% in the 1980 census.		
b. This trend is expected to continue with the percentage of population over 60 projected to increase to 17% in the next 50 years.		
c. Hawaii is experiencing an increase in the 60 plus population of twice that of the nation.		PUT UP TRANSPARENCY #2

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
d. Changes in the reimbursement procedure for Medicare patients is forcing the hospitals to discharge patients out into the community before they are capable of caring for themselves.		
e. The result is a continually growing requirement for qualified individuals to provide care for the elderly population.		
II. EXPLANATION	33min	
A. <u>What is "old age?"</u>		PUT UP TRANSPARENCY #3
1. Chronological age is not a valid marker of what constitutes "old age"		
a. What was once considered "old age" (45 - 65) is now considered "middle age"		
b. Children with the condition "Eugenia" may be chronologically young but suffer all the physical and psychological aspects of extreme aging.		
2. The term old has a different meaning to each person		
a. To the child, old may mean 20.		
b. The teenager believes anyone over 30 is over the hill		
c. To the 70 year old man, old is anyone older than he.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
3. Society has generally accepted 65 years as the "start" of "old age", although this is more in keeping with the early 1900's when that was the life expectancy of man. For the purposes of this class, the term "old" will refer to the age of 65 or older, since it is socially accepted.		
B. Define the term "Aging"		
1. The total of time related changes experienced by individuals.		
2. Actually aging is a process or series of processes that begins at conception and continues until death.		
3. The rate at which the body tissues , organs and systems age differs with each individual.		
4. The concept of aging may be examined from three perspectives:		PUT UP TRANSPARENCY #4
a. Biological age - how long people live		
b. Social age - how social behavior changes with advancing age		
c. Psychological age - what changes occur in mental abilities		
5. Limit scope of class - This class will concentrate on aspects of psychological aging. We will examine:		
a. Six processes associated with cognition and the changes associated with the normal aging process, and		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
b. Four approaches the caregiver can take to promote maximum cognitive functioning and psychological health in the elderly person.		
C. Psychological Age		
1. Psychological age refers to behavioral changes, changes in self-perception, and reaction to biological changes.		PUT UP TRANSPARENCY #5
2. It is influenced by the condition of the body, such as of the cardiovascular and renal systems.		
3. It is also influenced by changes in the brain that affect memory, learning, motivation and emotions. This class will focus on changes in the brain.		
3. Psychological aging, like biological aging, is a process or series of processes that begins at conception and continues until death.		PUT UP TRANSPARENCY #6
4. Psychological changes may not be as apparent as biological changes, but they can have a marked impact on the older person. Psychological changes can effect his interest in life and his will to live.		
5. A person who has learned to adapt to changes is goal oriented, feels he has control over his environment and possesses an inner locus of power.		
6. Crisis, stress, role changes, and cognitive differences may all contribute to a sense of decreasing autonomy and increased loss of		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
control over events.		
7. Like the young, the elderly rely on the attitudes and responses of others for a sense of belonging and self-worth. A major factor influencing attitudes toward the elderly is cognitive ability.		
D. Changes in Cognitive Ability Associated with Normal Aging Process		
1. Define Cognitive Ability: simply defined as ones ability to think or ones mental processes. It incorporates the ability:		
a. to examine a situation		
b. to take in, process, and recall information		
c. to orient self in time and place, and		
d. to respond appropriately to stimuli in content, emotion and over time.		
2. A change in cognitive ability may not be seen before an individual is 50 or 60 years old, and even then the changes may be minimal.		
3. Activities which require speed may show a decline earlier in life than others. Generally speaking, changes in cognitive functioning are highly individualized and generalizations can not be made.		
4. When speaking about cognitive processes and abilities, we are concerned with how one		PUT UP TRANSPARENCY #7

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
deals with information. To do this we will examine six cognitive processes: 1) intellectual ability, 2) reaction time, 3) learning, 4) memory, 5) problem solving and 6) perception.		
a. Intellectual Ability		
(1) Definition: The capacity for understanding, recalling, mobilizing and integrating constructively what on has learned and for using it to meet new situations.		PUT UP TRANSPARENCY #8
(2) Intellectual functioning may show few changes in the elderly. There may even be a slight increase in functioning up to the seventh decade.		
(3) Brighter people show less decline than do normal or below average people.		
(4) Research also shows that intellectual performance is increased with training programs.		
(5) Evidence supports that quality of intellectual functioning is effected by the presence of disease processes and stress, but these conditions are believed to effect cognitive functioning independent of aging.		PUT UP TRANSPARENCY #9
(6) Older persons become more easily		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
fatigued than younger persons and may perform less well on tests administered over time.		
(7) Also the elderly are more cautious than younger people. Many older people tend not to answer questions when they fear that they may be wrong.		
(8) Several studies have identified what has been called "terminal decline" in the elderly individual approaching death. Individuals experiencing declines in vocabulary, block design, and digit symbol were less likely to survive the next five years.		
(9) Many elderly individuals perform at levels found in the young. In the absence of disease or "terminal decline", intelligence remains fairly stable in the healthy old person.		
b. Reaction Time		PUT UP TRANSPARENCY #10
(1) Reaction time usually becomes slower as the person ages.		
(a) The senior needs extra time to perform physical tasks.		
(b) Performance scores tend to be lower and are used to explain intellectual decline.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(c) By practicing a task the older person can learn to act quickly and improve reaction time. (2) The elderly performs certain cognitive tasks more slowly for several reasons: (a) Decreased visual and auditory acuity (b) Slower motor response to sensory stimulation (c) Loss of recent memory and (d) Changed motivation. (3) It takes the older person longer to make decisions. As the complexity of the decision increases, the amount of time required for a response increases disproportionately to the time required for simple choices. The time also increases if the response involves multiple choices. (4) Older people take much longer to perform tasks if instructions contain unnecessary detail and explanation (5) It takes longer for the older person to convert verbal stimuli to a mental image. Response is slower if:		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(a) The action must be carried out without seeing what is being done, (b) When a large quantity of data is presented in illogical order, (c) When a quantity of evidence must be pieced together without using memory aids such as notes, (d) When abstractions are presented. (6) The average elderly man performs less accurately in fast paced than slow paced situations. He is less likely to try fast-paced situations unless he is sure of the accuracy of his response. (7) Performance for the average elderly female is comparable to that of the younger highly verbal man or worman in fast paced situations. Women tend to respond more readily to cognitive, psychomotor tasks than do elderly men. (8) Although reaction time is slower for the elderly, they can learn to act quickly and improve their reaction time by practicing a task.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
c. Learning		PUT UP TRANSPARENCY #11
(1) Research has produced conflicting information. It is unclear whether the older person's capacity to learn declines. Learning occurs internally and can only be measured through performance. Experts generally agree that performance ability does dimish with age.		
(2) Older persons not only take longer to respond, the take longer to assimilate new information. This may be due to the tendancy of the elderly to pay attention to irrelevant stimuli. They tend to be easly distracted by extraneous factors.		
(3) Demonstration of learning requires more time for the older person.		
(a) This age related decrement in performance has been attributed to a problem of retrieval of information rather than with storage.		
(b) Older persons need more time to search for stored information and to produce a response.		
(c) They find it more difficult to organize information than younger persons and experience		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
disproportionate difficulties when information must be recalled and reorganized.		
(d) Also retention of learning decreases with age if the information is nonsense material.		
(4) Omission errors in older people appear to be related to anxiety and a fear of being wrong. Studies suggest that what appears like a learning deficit may be simply a problem of cautiousness.		
(5) One of the major challanged of the older person may be the decline of motivation rather than learning ability.		
(6) Another challange is posed by those who view older persons as incapable of learning and incapable of remembering recent events.		
d. Memory		
(1) Memory is an important component of cognitive ability and is closely related to learning.		
(2) Memory involves the three processes of acquiring, storing, and recalling information. To be acquired, information must be registered in the person's mind.		PUT UP TRANSPARENCY #12

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
The information may then be stored for seconds, minutes, or years.		
(3) A progressive loss of memory does not necessarily occur in later maturity. There is a tendency among the elderly to exaggerate memory loss.		
(4) Memory may be viewed through the distinctions of primary and secondary memory.		
(a) Primary memory - refers to material still in the mind and being processed.		
(b) Secondary memory - refers to material in storage that must be retrieved.		
(5) The capacity for primary memory appears to be stable with increasing age provided no reorganization of material is required. In studies where elderly individuals were asked to remember digits and then were asked to recall those digits in reverse order, primary memory was found to be poor.		Ask a student to remember the numbers 1-2-3-4. Have him/her say back the numbers in reverse order. Explain that elderly people have difficulty doing this task.
(6) There is a decline in secondary memory among older normal subjects. Age differences in secondary memory probably mean variance in acquisition or retrieval.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(7) Immediate recall, or short term memory, involves some primary memory and some secondary memory functioning. (8) Recall memory declines due to difficulty in retrieving material from storage. This may be due to slowing in the Central Nervous System that prolongs the search process of the memory store. (9) Older perople may have difficulty on a fill-in-the-blanks test, which requires free recall but do quite well on a multiple choice test, which requires recognition. What this demonstrates is that the older person has "stored" the information but has difficulty retrieving it. They apparently fail to organize material for more affective recall levels. (10) Belief that older persons can remember remote events easier than recent events may be based more on anecdotes rather than on controlled research studies. Childhood event have been recalled many times; therefore the older person is remembering not necessarily from 50 years ago, but from the last description of the event. The accuracy of the recall also is open to question.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(11) Older persons score better when tested with meaningful material than with nonsense syllables. If older persons were given an appropriate task to perform rather than just being asked to learn inconsequencial material, their performance would be close to memory performance of younger persons.		
e. Problem Solving		PUT UP TRANSPARENCY #13
(1) Elderly people are less effective at problem solving than younger people.		
(2) Part of the diminished effectiveness may be attributable to the fact that many more older adults seem to think in concrete terms. Problem solving abilities require abstract thought. However the greater the educational background, the more likely the older person is to prefer dealing with problems requiring abstract thought.		
(3) Another factor that influences problem-solving ability is difficulty in ignoring redundant or irrelevant material. They find it difficult to distinguish between essential data and data that are unrelated to the problem.		
(4) Older people tend to ask redundant		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
questions when obtaining information. This reduncdancy is believed to be related to difficulties in seeing meaning in the information and in remembering it.		
(5) There appears to be more difficulty in solving novel problems than in those related to past experiences.		
(a) Tasks that require making analogies, forming new comcepts or new classifications, and finding novel or creative answers are more difficult for the senior to perform although he will come up with a workable solution if given time.		
(b) Often times the older person is more effective than his younger counterpart when a problem can be solved by a solution that has been effective in the past.		
f. Perception		
(1) Define Perception: Mental process by which data-intellectual, sensory, and emotional-are organized meaningfully. Through perception a person makes sense out of the many stimuli that bombard him.		PUT UP TRANSPARENCY #14

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(2) Perceptual capacity depends to great extent on those sensory systems normally sensitive to various stimuli in environment. With aging, changes in the sensory systems, such as the visual and auditory systems, alter perceptual ability and the person's capacity to respond to their environment. (3) Perceptual capacity may also be effected by changes in CNS which alters the processess of receiving, processing and responding to stimuli. (4) Because of the nature and impact of these age changes, older people often need assistance from others. Their acknowledgment of dependence needs may, in turn, be affected by their perception of both aging itself and the attitude of others from whom they would seek assistance. (5) Visual Changes--Decline in visual acuity is progressive. (a) Presbyopia, decreased ability to accomodate to close work, begins at 40 year. (b) There is a need for more light (c) The visual field wanes and one		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
loses the panorama view. (d) Can not respond quickly to rapid movements such as blinking lights. (6) Auditory Changes--Hearing changes are invisivle and occur gradually. (a) Hearing loss is not only frustrating but is a threat to security and self-esteem. (b) High pitched sounds and the consonants, "s", "sh", and "ch", are hard to differentiate. (c) Background noise impinges making it hard to hear conversation. (d) Rapid speech when working with the elderly will make words sound garbled. (e) People tend to forget that an individual is hearing impaired. Perceptions of hearing impaired persons are frequently distorted giving rise to feelings of paranoia and notions that others are laughing at them. (f) A direct relationship also exists between hearing loss		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
and reduced cognitive effectiveness. Hearing loss results in changed speech perception and in reduced ability to define concepts, describe abstract relationships, and even to recall stored information. Hearing loss affects cognitive test scores, reaction time, and personality. (g) Other people withdraw from them because of communication problems. Often these people are treated as if they were mindless. (7) One specific perceptual change that occurs in older people is difficulty in differentiating stimuli from their background. Older people need sufficient time to perceive complex or incomplete representations. Hurrying them may further diminish their perceptual acuity, since judgments tend to be made with more caution. What may sometimes appear as faulty reasoning may indeed be only faulty perception. (8) Older individuals are challanged not only by changes in perceptual ability but by the reactions of others who may misinterpret their altered behavior as a sign of		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
declining mental functioning. 5. Summary of Cognitive Abilities a. Psychological changes of aging involve a three components. This class examined one component, cognitive ability. b. There is no concensus about the cognitive ability and performance of older persons c. Many experts agree that given time, older persons will respond to testing as accurately as younger people. d. Attention should be directed toward indentifying the strengths of older persons and ways of assisting them to maximize their potential as thinking, feeling, acting human beings. E. Maximizing Cognitive Functioning 1. The broad goal of helping is to enable the client to attain a maximum level of cognitive functioning. 2. Four approaches may be utilized. a. Supportive Approach (1) If you personally value cognitive abilities, the occasional memory lapses, slower verbal responses, or apparent lack of interest in learning that you observe in the		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
elderly person may be very threatening. To be supportive, you must first work through your own attitudes.		
(2) Establish a trust relationship. Trust implies that you help the person assume whatever responsibility he can for himself, even if his abilities seem marginal.		
(3) Leave decision making to the client unless his decision will cause hurt or shame to him or others. Work with and respect his assets and limits.		
(4) Listen to the person talk about the changing cognitive abilities that he perceives. Help him to express frustration and cope with the reality of short-term memory loss, such as forgetting a phone number or the name of someone he just met.		
(5) Reinforce that you do not see the person as stupid or less of a person if he makes mistakes. A kind, sincere apprach can lessen the embarrassment caused by poor judgment, slower reaction, or having to struggle to follow the direction on a form.		
(6) Approach the older person as an adult. Avoid false assurances and superficially sweet, condescending		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
convervation. The client can better think and act as an adult if you approach him as one. (7) Equally supportive are the use of touch and clearly stated directions, explanations, or questions. b. Environmental Approach (1) Create an environment that supports orientation and memory development. (2) Use clocks and calendars to help the older person remain oriented. (a) The face of the clock and the size of the calendar should be large enough to be visible to someone with impaired vision. (b) Keep the clock wound. (c) Use a large sheet of paper to draw a monthly calendar, adding color and appropriate pictures to add interest. (d) Cross off each previous day to aid in orientation. (3) Encourage social contact to stimulate interest, intellectual ability, and creativity. (a) Help the person to secure		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
membership in and transportation to various groups or organizations. (b) Arrange for visitors in order to reduce isolation and the resulting impaired cognition. (4) Help the client stay abreast of current affairs and to think different thoughts. (a) Share your magazines or books with him. (b) Television and radio are useful in maintaining reality contact. (c) Encourage the older person to participate in a game or the mental activity involved in a crossword or picture puzzle. (5) Use a variety of objects in the environment to promote memory development. (a) Objects must be large enough so they can be seen easily. Three dimensional figures are easier to see. (b) Numbers and letters must be clear and distinct as necessitated by the client's visual status.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(c) Colors must be vivid and contrasting in order to increase visibility. Use oranges, reds and yellows.		
(d) Place a picture of the person on his bedroom door to help with identification of his surroundings.		
(e) Use pictures, flowers, or knickknacks to initialte conversation, encourage reminising, and stimulate creativity.		
(6) Ensure that activities are meaningful instead of contrived. Otherwise the person may lose interest and cognitive skills.		
c. Physical Approach		
(1) Encourage the elderly person to wear prescribed eye glasses or correctly fitted hearing aid.		
(2) Promote adequate sensory stimulation.		
(a) The degree of stimulation considered adequate varies with each individual. In order to enhance cognitive functioning, increased sensory stimuli are necessary to overcome the less efficient		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
sensory receptors. However, because the elderly have more difficulty screening out irrelevant stimuli, excessive stimuli adds to feelings of stress, inability to concentrate, errors, confusion, and disorientation. (b) Vary stimuli to decrease boredom. (c) Stimulate vision by rotating pictures in the room. (d) Determine the client's preference in colors, as colors effect moods and feelings. If possible decorate his room in colors which promote his well being. (3) Avoid changes that require relocation of the client. (a) Stability in the environment is highly important to the individual with brain dysfunction. (b) The greater the change the greater the effect on the person and the longer it takes to adapt to the change. (4) Maintain a schedule and routine in your care of the client. A		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
schedule for both mental and physical activity provides limits and security. It helps the person to use his abilities and it helps the person maintain orientation. (5) Let the person set the pace for his activities and learning so that he feels stimulated but not rushed. Begin and end on time. d. Informational Approach (1) Encourage the elderly person to participate in decision making in relation to his health care and his learning activities. (2) Develop a learning environment that is conducive to the client's learning abilities. (a) Insure that the learning activity is conveniently reached so that he is not too tired to participate. (b) Proper ventilation and temperature are especially important in maintaining alertness and preventing discomfort. (c) The time should be convenient and when the person is a peak functioning.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(3) Relate essential information to previous learning and current needs and interests. Previously reinforced ways of doing things take precedence over new behavior.		
(4) Give the older person more time to assimilate new content with past experience and learning.		
(5) The person learns better when he is actively involved in discussion and in questions and answers instead of sitting or reading passively.		
(6) Use repetition to reinforce learning. Ask for feedback or return demonstration. Mix new and old content together to reinforce material previously learned and to maximize understanding.		
(7) Provide demonstration, practice sessions, and written instructions along with verbal messages to allow for an expansion of ideas and refinement of skills.		
(8) Divide content into units that allow for self-paced learning and that do not overwhelm the person.		
(9) Simulate the real situation as much as possible so that basic steps of the task can be clearly perceived and learned.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
(10) Focus the person's attention on task before presenting it so that he will have time to prepare response.		
(11) No new verbal stimuli should be given until the person has had time to respond to previous stimuli.		
(12) Have a pleasant attitude so that you stimulate the person's desire to learn and prevent discouragement, depression, and a negative self-concept.		
III. SUMMARY	2 min	
A. This class described the six cognitive processes and changes associated with the aging process:		
1. Intellectual Ability - remains stable 2. Reaction Time - slows down 3. Learning - performance declines 4. Memory - problem with retrieving information 5. Problem Sovlving - difficulty solving problems with novel approach 6. Perception - vision and hearing losses hinder learning		
B. As Care Home Operators you have a responsibility to help the person in later maturity to remain involved with his environment. This can be accomplished through four approaches:		
1. Supportive Approach 2. Physical Approach 3. Environmental Approach		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
4. Informational Approach		
LIFE EXPERIENCE EXERCISE	7 min	Participants include: Instructor Assistant Instructor Students
1. Have students remove their glasses or if they do not wear glasses, have them put on another student's glasses.		Equipment: Overhead Projector, 10 pair of eye glasses, 14 extra short pencils, paper, Transparency #15.
2. Explain that they are to pretend that they are elderly, 70 years old or older.		
3. Explain that they are in a doctors office and they need to fill out some information for their records, before the doctor can see them.		
4. Stress on the students that their health and well being depend on this information being completed.		
5. Pass out paper and give the students pencils that have been made very small and are difficult to handle.		PUT UP TRANSPARENCY #15
6. Put up the transparency with the directions for filling out the form. State that they are to read the instructions and write down important information.		Make sure the overhead projector is out of focus. Have students read the overhead. Rush them. Cause them to get frustrated.
7. Give them a few minutes to read what is up there.		
8. For those that had difficulty, read what is on the overhead. Make it difficult for them to hear.		Carry on conversation with assistant instructor. State how slow the students are. Infer difficulties are age related.
9. After exercise, ask them how they felt during exercise.		
10. Explain that what they felt was nothing compared to what the elderly must endure.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
a. They are not really 70 years old; b. People have not told them that they are "dumb" or unable to learn. c. It was just an exercise and they knew it. 11. Close with the following statement: "YOU CAN MAKE A DIFFERENCE. REMEMBER THAT IN THE PROJECTED INCREASE IN THE NUMBERS OF OLDER PEOPLE, YOUR NAME IS INCLUDED. TREAT THE ELDERLY IN YOUR CARE HOME AS YOU WANT THE FUTURE CARE HOME OPERATORS TO TREAT YOU."		

BIBLIOGRAPHY

Burnside, Irene M. Nursing and the Aged. (McGraw-Hill: New York, 1981), pp. 41 -50.

Carnevali, Doris L and Patrick, Maxine. Nursing Management for the Elderly. (J.B. Lippincott: Philadelphia, 1979), pp. 41 - 42.

Ebersole, Priscilla and Hess, Patricia. Toward Healthy Aging. (C.V. Mosby: St. Louis, 1981), pp. 475 - 476.

Gioiella, Evelynn C. and Bevil, Catherine W. Nursing Care of the Aging Client. (Appleton-Century Crofts: Norwalk, 1985), pp. 3 - 5 and 38 - 39.

Gress, Lucille D. and Bahr, Sister Rose T. The Aging Person: A Holistic Perspective. (C.V. Mosby: St. Louis, 1984), pp. 70 - 80.

Kane, Robert L.,Ouslander, Joseph G.and Abrass, Itamar B. Essentials of Clinical Geriatrics. (McGraw -Hill: New York, 1984), pp. 17 - 21.

Murray, Ruth Beckman, Suelskoetter, M. Marilyn Wilson, and O'Driscoll, Dorothy Lueckerath. The Nursing Process in Later Maturity. (Prentice-Hall, Inc.:Englewood Cliffs, 1980), pp. 241 - 259.

Steffl, Bernita M. Handbook of Gerontological Nursing. (Van Nostrand Reinhold: New York, 1984), pp. 31 - 32.

Yurick, Ann G., Spier, Barbara E., Robb, Susan S., and Ebert, Nancy J. The Aged Person and the Nursing Process. (Appleton-Century-Crofts: Norwalk, 1984), pp. 311 - 338.

NAME:_____

DATE:_____

PSYCHOLOGICAL ASPECTS OF AGING

TEST

DIRECTIONS: Please put your name and today's date in the top right hand corner in the blanks provided. Comply with the directions listed below. You have ten minutes to complete this test. Write answers on the test paper.

FILL IN THE BLANKS

1. The six processes of cognition are intellectual ability, reaction time, learning, memory, _____, and _____.

2. Four approaches to helping the elderly to maintain maximum functioning were discussed in class. They were:

   a._____

   b._____

   c._____

   d._____

SELECT TRUE OR FALSE

3. Intellectual ability declines as a result of the normal aging process. _____True _____False

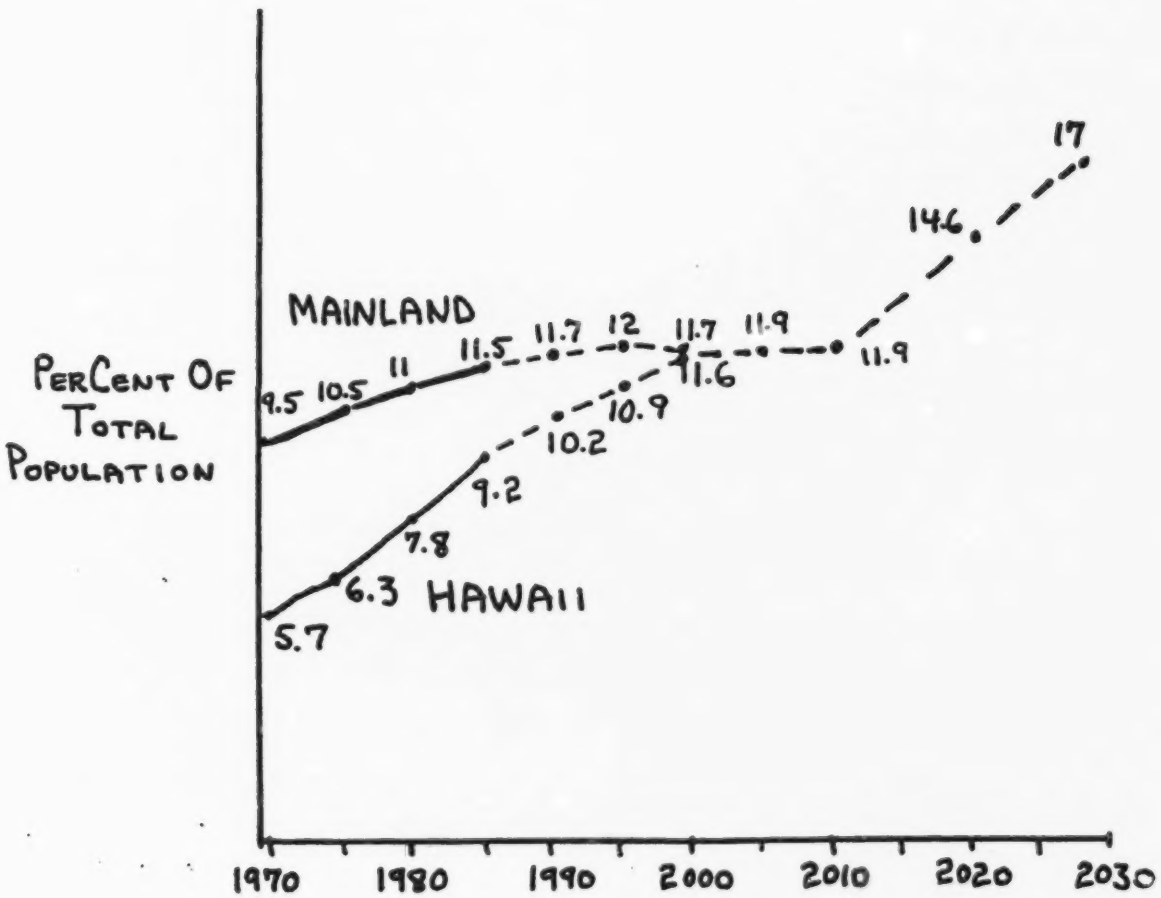
SELECT THE MOST CORRECT ANSWER

4. Primary memory is:

   a. information that is currently in your mind and being processed
   b. information that has been stored
   c. the scientific name for recall memory

PSYCHOLOGICAL ASPECTS OF AGING

BARBARA PARKER



COMPARISON OF MAINLAND AND HAWAII AGE 60+ AS A PERCENT OF TOTAL POPULATION

WHAT IS...

- OLD AGE ?

- AGING ?

TYPES OF AGING:

1. BIOLOGICAL

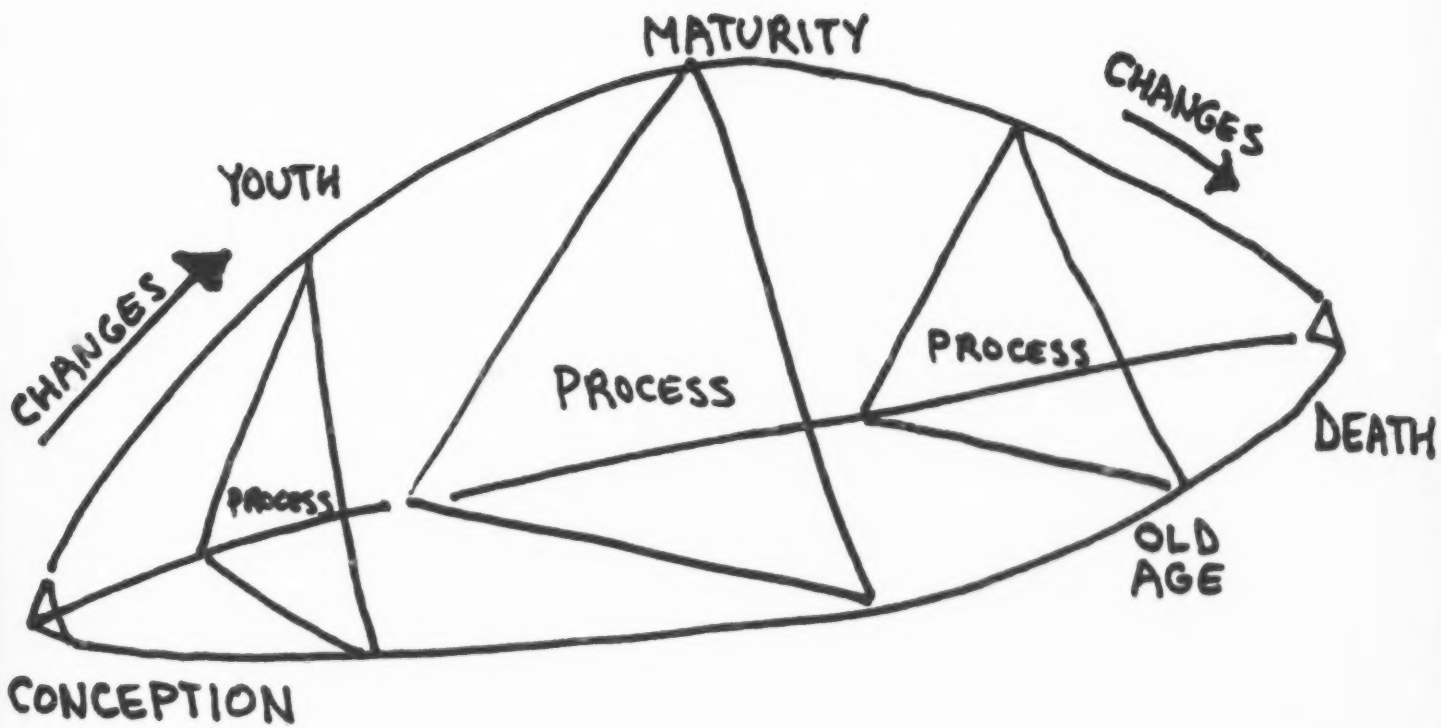
2. SOCIAL

3. PSYCHOLOGICAL

PSYCHOLOGICAL AGE

-REFERS TO CHANGES

- BEHAVIORAL
- SELF-PERCEPTION
- AS REACTION TO BIOLOGICAL CHANGES



PSYCHOLOGICAL AGING

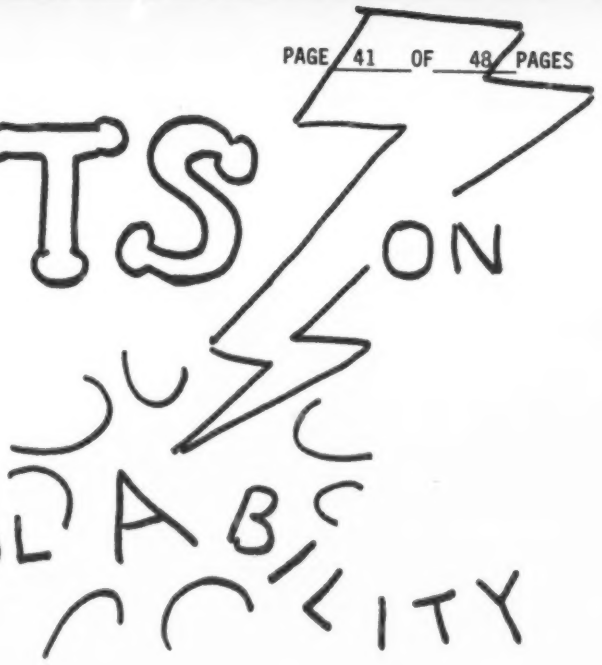
COGNITIVE ABILITY

- DEALING WITH INFORMATION
  - INTELLECTUAL ABILITY
  - REACTION TIME
  - LEARNING
  - MEMORY
  - PROBLEM SOLVING
  - PERCEPTION

INTELLECTUAL ABILITY

- UNDERSTAND
- RECALL
- MOBILIZE
- INTEGRATE
- USE

IMPACTS ON



INTELLECTUAL ABILITY

- DISEASE
- FATIGUE
- ATTITUDINAL CHANGE
- TERMINAL DECLINE

REACTION TIME

- DECREASING PHYSICAL AND COGNITIVE PERFORMANCE.....

CAUSED BY

1. SENSORY CHANGES
2. PROCESS CHANGES
3. MOTIVATIONAL CHANGES

LEARNING

- PERFORMANCE DECREASES
- INCREASED TIME TO ASSIMILATE
- MEMORY RETRIEVAL
- INFORMATION ORGANIZATION
- RETENTION
- CAUTIOUS
- MOTIVATION

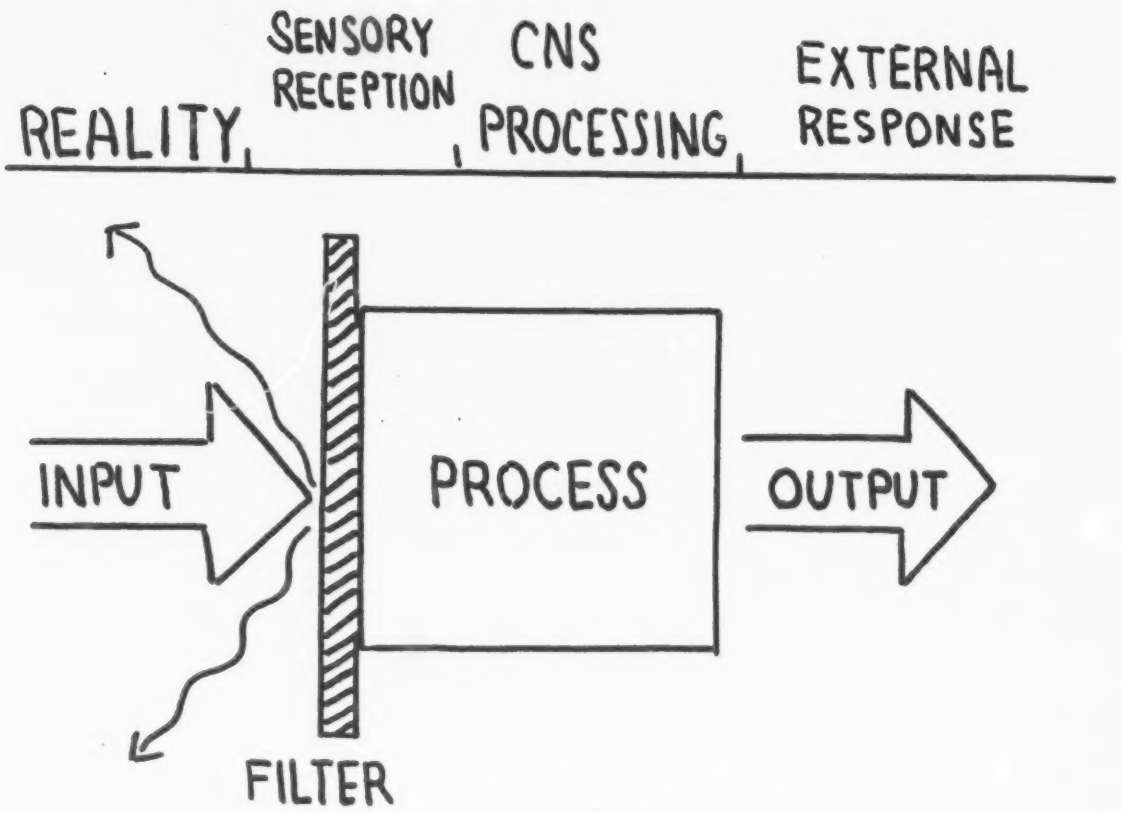
> EXTERNAL (PYGMALION EFFECT)

MEMORY

- ACQUIRE
- STORE
- RECALL

1 1/2 PROBLEM SOLVING

- DECLINES
- ABSTRACT vs CONCRETE
- DISCERNING RELEVANT DATA
- NEW SITUATIONS


REALITY
SENSORY RECEPTION
CNS PROCESSING
EXTERNAL RESPONSE
INPUT
PROCESS
OUTPUT
FILTER

On a piece of paper, write down your name, last name first, first name, and middle name. Write your permanent address, your mailing address and your telephone number (home and business). Write down your mother's maiden name. Do you have any allergies? Please list them.

STUDENT_____

PSYCHOLOGICAL ASPECTS OF AGING

CHANGES IN THE COGNITIVE STATUS OF THE AGED

Structural Changes	Decreased cerebral weight Decreased number of neurons
Reaction Time	Increased reaction time Decreased speed of performance
Intelligence	Little general decline until late in life
Learning	Fatigues more readily Diminished performance abilities Increased response time More readily distracted b irrelevant stimuli Increased difficulty organizing information
Memory	Vivid recall of some long-past events Impaired recall of recent events if reorganization of data involved
Problem-Solving	More concrete thinking Redundancy in gathering data Difficulty in distinguishing between relevant and irrelevant data Decreased creativity Increased difficulty in solving new problems